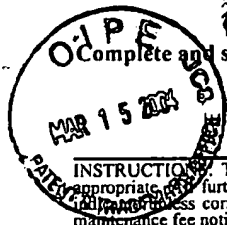


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail**

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24256 7590 12/11/2003

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1900 CHEMED CENTER
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Laureen E. Fessenden	(Depositor's name)
<i>Laureen E. Fessenden</i>	(Signature)
March 11, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/616.638	07/26/2000	Percy Bennwik	10806-109	8709

TITLE OF INVENTION: LIQUID DELIVERY CONTAINER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	03/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOGART, MICHAEL G	3761	604-296000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

Pharmacia AB

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Stockholm, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature) *Holly D. Kozlowski* (Date) **Mar. 11, 2004**
Holly D. Kozlowski, Reg. 30,468

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